## Case 22-53829-jwc Doc 1 Filed 05/19/22 Entered 05/19/22 11:27:57 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| NORTHERN DISTRICT OF GEORGIA                    | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par   | t 1: Identify Yourself  |   |   |  |  |  |
|---|---|---|---|--|--|--|
|   |   | About Debtor 1:                               | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1.  | Your full name  |   |   |  |  |  |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). |   | Toni First name  Carol  Middle name           | First name  Middle name                       |  |  |  |
|   | Bring your picture identification to your meeting with the trustee.   | Fant Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
| 2.  | All other names you have used in the last 8 years   |   |   |  |  |  |
|   | Include your married or maiden names.   |   |   |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3530                                   |   |  |  |  |

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Debtor 1 Toni Carol Fant Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EIN   | EIN  |  |  |  |
| 5.   | Where you live                                  | 3525 Daventry Lane NW   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | Kennesaw, GA 30144 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | <b>Cobb</b> County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |  |  |  |  |

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Debtor 1 Toni Carol Fant Page 3 01 33

Case number (if known)

| about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, co order. If your attorney is submitting your payment on your behalf, your attorney may pay with a payer printed address.    need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A).   request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if you income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you bankruptcy within the last 8 years?    No.   | Tell                             | ell the Court About                                 | Your Ban  | nkruptcy Ca                   | ase   |   |   |               |  |  |
|--|----------------------------------|---|-----------|-------------------------------|---|---|---|---------------|--|--|
| Chapter 7 Chapter 12 Chapter 13    Chapter 12   Chapter 13   Chapter 13   Chapter 13   Chapter 13   Chapter 13   Chapter 13   Lwill pay the entire fee when I file my petition. Please check with the clerk's office in your loca about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, corder. If your attorney is submitting your payment on your behalf, you may pay with as a pre-printed address.   Ineed to pay the fee in installments. If you choose this option, sign and attach the Application. The Filing Fee in Installments (Official Form 103A).   Irequest that my fee be wadved (You may request this option only if you are filing for Chapter but is not required to, walve your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this potion only if you are filing for Chapter to the Application to Have the Chapter 7 Filing Fee Warved (Official Form 103B) and file it with you for bankruptcy within the last 8 years?    No.   Yes.   | ankrup                           | uptcy Code you are                                  |           |                               |   |   |   | kruptcy       |  |  |
| Chapter 12   | hoosin                           | ing to file under                                   | Chapter 7 |                               |   |   |   |               |  |  |
| Chapter 12   |                                  |   | _         |                               |   |   |   |               |  |  |
| Chapter 13    Chapter 13    Will pay the fee   |                                  |   |           | •                             |   |   |   |               |  |  |
| I will pay the fee   |                                  |   | _         | -                             |   |   |   |               |  |  |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay with dash, co order. If your attorney is submitting your payment on your behalf, your attorney may pay with a ray pre-printed address.  I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if you income is less than 150% of the applies to your family size and you are unable to pay the fee. In installments), if you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you bankruptcy within the last 8 years?  9. Have you filed for bankruptcy within the last 8 years?  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  10. Are any bankruptcy case with you, or by a business partner, or by an affiliate?  Debtor Relationship to you District When Case number, if known power is the pattern of the pattern  |                                  |   | _ 0.1.0   | ptor 10                       |   |   |   |               |  |  |
| The Filing Fee in Installments (Official Form 103A).  I request that my fee be walved (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of th applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you case number    No.    No.   | ow you                           | ou will pay the fee                                 | a<br>o    | bout how yorder. If your      | whe entire fee when I file my petition. Please check with the clerk's office in your local court for more defined when I file my petition. Please check with the clerk's office in your local court for more defined when your may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check the dadress. |   |   |               |  |  |
| I request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of thapplies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with   |                                  |   |           |                               |   |   | on, sign and attach the Application for Individual  | s to Pay      |  |  |
| but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your least 8 years?  9. Have you filed for bankruptcy within the last 8 years?  No.  District  When  Case number  District  When  Case number  No  Case number  No  Hes.  Debtor  District  When  Case number  Relationship to you when your not your least and so your fee, and may do so only if your income is less than 150% of the applies the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Ca |                                  |   |           | ū                             | ,   | ,   | o only if you are filing for Chapter 7. By law, a ju  | dae may       |  |  |
| bankruptcy within the last 8 years?    Yes.   District   |                                  |   | b<br>a    | ut is not req<br>pplies to yo | uired to, waive you<br>ur family size and   | ur fee, and may do so only if yo<br>you are unable to pay the fee i | ur income is less than 150% of the official pove n installments). If you choose this option, you mu | rty line that |  |  |
| District   | bankruptcy within the            |   |           |                               |   |   |   |               |  |  |
| District When Case number    District   When   Case number   | •                                |   |           |                               |   | When  | Case number   |               |  |  |
| District When Case number  10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  Debtor Relationship to you District When Case number, if known Relationship to you District When Case number, if known Relationship to you Relationship to you Case number, if known Relationship to you Case number, if known Relationship to you Case number. If known Relationship to you Relationship to you Case number. If known Relationship to you Case number. If known Relationship to you Relationship to you Relationship to you Case number. If known Relationship to you Relationship to you Relationship to you Relationship to you Case number. If known Relationship to you Case number. If known Relationship to you Relationship to y |                                  |   |           | District                      |   |   | C   |               |  |  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Debtor Relationship to you District No. Go to line 12.  11. Do you rent your residence?   |                                  |   |           | District                      |   |   |   |               |  |  |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  Debtor District Debtor District When Case number, if known point it is provided by the composition of the compositi |                                  |   |           |                               |   |   |   |               |  |  |
| not filling this case with you, or by a business partner, or by an affiliate?  Debtor  | ases pe                          | pending or being                                    | _         |                               |   |   |   |               |  |  |
| District When Case number, if known Relationship to you District When Case number, if known The proof of the proof  | ot filing<br>ou, or k<br>artner, | ng this case with<br>r by a business<br>r, or by an | 163.      |                               |   |   |   |               |  |  |
| Debtor District When Case number, if known and the properties of t |                                  |   |           | Debtor                        |   |   | Relationship to you   |               |  |  |
| District When Case number, if known that the control of the contro |                                  |   |           | District                      |   | When  | Case number, if known   |               |  |  |
| 11. Do you rent your residence?  □ No. Go to line 12. □ Yes.  □ No. Go to line 12.  |                                  |   |           | Debtor                        |   |   | Relationship to you   |               |  |  |
| residence?  Has your landlord obtained an eviction judgment against you?  No. Go to line 12.   |                                  |   |           | District                      |   | When  | Case number, if known   |               |  |  |
| <ul> <li>Yes. Has your landlord obtained an eviction judgment against you?</li> <li>No. Go to line 12.</li> </ul>  | o you r                          | ı rent your   | □ No.     | Go to I                       | ine 12.   |   |   |               |  |  |
| No. Go to line 12.   | esidend                          | nce?  | ■ Ves     | Has yo                        | our landlord obtain   | ed an eviction judgment agains                                      | t you?  |               |  |  |
|  |                                  |   | — 165.    | •                             | No. Go to line 12   |   |   |               |  |  |
| Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101 bankruptcy petition.   |                                  |   |           |                               |   |   | Judgment Against You (Form 101A) and file it w  | ith this      |  |  |

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Debtor 1 Toni Carol Fant Case number (if known)

| ar   | 3: Report About Any Bu  | sinesses `   | You Own   | as a Sole Propriet   | or  |  |
|------|---|--|-----------|--|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to     | Part 4.  |   |  |
|      |   | ☐ Yes.   | Name      | and location of busi   | ness  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name      | of business, if any  |   |  |
|      | If you have more than one sole proprietorship, use a  |  | Numb      | er, Street, City, State  | e & ZIP Code  |  |
|      | separate sheet and attach it to this petition.  |  | Check     | the appropriate box  | to describe your business:  |  |
|      | ·   |  |           |  | ess (as defined in 11 U.S.C. § 101(27A))  |  |
|      |   |  |           | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |  |           | Stockbroker (as de   | fined in 11 U.S.C. § 101(53A))  |  |
|      |   |  |           | Commodity Broker   | (as defined in 11 U.S.C. § 101(6))  |  |
|      |   |  |           | None of the above  |   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |           |  |   |  |
|      | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | ■ No.  | I am n    | ot filing under Chapt  | rer 11.   |  |
|      |   | □ No.  |           | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |
|      |   | ☐ Yes.   |           |  | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11. |  |
|      |   | ☐ Yes.   |           |  | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.         |  |
| Part | 4: Report if You Own or   | Have Any   | Hazardo   | us Property or Any   | Property That Needs Immediate Attention   |  |
| 14.  | Do you own or have any  | ■ No.  |           |  |   |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.   | What is t | he hazard?   |   |  |
|      | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |  |           | iate attention is<br>why is it needed?   |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is  | the property?  | Number Street City State 9 7in Code   |  |
|      |   |  |           |  | Number, Street, City, State & Zip Code  |  |

Debtor 1 Toni Carol Fant Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

**Toni Carol Fant** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Toni Carol Fant Signature of Debtor 2 **Toni Carol Fant** Signature of Debtor 1 Executed on May 19, 2022 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

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Debtor 1 Toni Carol Fant Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Dougla      | s Jacobson                  | Date          | May 19, 2022                   |
|-----------------|-----------------------------|---------------|--------------------------------|
| Signature of    | Attorney for Debtor         |               | MM / DD / YYYY                 |
| Douglas J       | acobson 223344              |               |                                |
|                 | es of Douglas Jacobson, LLC |               |                                |
|                 | k Woods Circle              |               |                                |
|                 | ı, GA 30005                 |               |                                |
| Number, Street, | City, State & ZIP Code      |               |                                |
| Contact phone   | 678-341-9114                | Email address | douglas@douglasjacobsonlaw.com |
| 223344 GA       | A                           |               |                                |
| Bar number & S  | tato                        |               |                                |

| Fil         | l in this inform       | ation to identify you                       | r case:   |  |             |  |   |
|-------------|------------------------|---|---|--|-------------|--|---|
| De          | ebtor 1                | Toni Carol Fant                             |   |  |             |  |   |
| Do          | ebtor 2                | First Name                                  | Middle Name   | Last Name  |             |  |   |
|             | ouse if, filing)       | First Name                                  | Middle Name   | Last Name  |             |  |   |
| Un          | nited States Ban       | kruptcy Court for the:                      | NORTHERN DISTRICT   | OF GEORGIA                                       |             |  |   |
| Ca          | ise number             |   |   |  |             |  |   |
| (if k       | known)                 |   |   |  |             | -  | Check if this is an mended filing                     |
| O           | fficial For            | m 107                                       |   |  |             |  | g   |
| St          | atement                | of Financial                                | Affairs for Indivi  | duals Filing                                     | for B       | ankruptcy  | 04/22   |
| info<br>nur | ormation. If mo        | ore space is needed,<br>). Answer every que | attach a separate sheet to  | this form. On the                                |             | equally responsible for sup                                    |   |
| 1.          | <u> </u>               | current marital statu                       |   | a Liveu Belole                                   |             |  |   |
|             | ☐ Married              |   |   |  |             |  |   |
|             | ■ Not marr             | ied   |   |  |             |  |   |
| 2.          | During the la          | st 3 years, have you                        | lived anywhere other than   | where you live no                                | w?          |  |   |
|             | _                      | ,   |   |  |             |  |   |
|             | □ No ■ Yes. List       | all of the places you I                     | ived in the last 3 years. Do n  | ot include where yo                              | ou live now | '.   |   |
|             | Debtor 1:              |   | Dates Debtor 1  | ŕ  | 2 Prior Ad  |  | Dates Debtor 2  |
|             | Debitor 1.             |   | lived there   | Debtor   | Z I IIOI AU | ui ess.  | lived there   |
|             | 4207 Gram<br>Kennesaw, | ercy Lane NW<br>GA 30144                    | From-To:<br><b>December 20</b><br><b>April 2020</b>                                       |  | as Debtor 1 |  | ☐ Same as Debtor 1<br>From-To:                        |
|             | ■ No<br>□ Yes. Mak     | es include Árizona, Ca                      | lifornia, Idaho, Louisiana, Ne  | vada, New Mexico                                 |             | ity property state or territory<br>co, Texas, Washington and W |   |
| 4.          | Fill in the total      | amount of income yo                         | nployment or from operatir<br>u received from all jobs and<br>have income that you receiv | all businesses, incl                             | uding part- |  | ndar years?   |
|             | □ No<br>■ Yes. Fill    | in the details.                             |   |  |             |  |   |
|             |                        |   | Debtor 1  |  |             | Debtor 2   |   |
|             |                        |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deduction<br>exclusions) | ons and     | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|             |                        | of current year until<br>I for bankruptcy:  | ☐ Wages, commissions, bonuses, tips   |  | \$0.00      | ☐ Wages, commissions, bonuses, tips                            |   |
|             |                        |   | ☐ Operating a business  |  |             | ☐ Operating a business   |   |

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Debtor 1 Toni Carol Fant Case number (if known)

|  | Debtor 1                                   | Debtor 1  |  | Debtor 2  |  |  |
|--|--|---|--|---|--|--|
|  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |
| For last calendar year:<br>(January 1 to December 31, 2021)            | ☐ Wages, commissions, bonuses, tips        | \$0.00  | ☐ Wages, commissions, bonuses, tips        |   |  |  |
|  | ☐ Operating a business                     |   | ☐ Operating a business                     |   |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2020) | ■ Wages, commissions, bonuses, tips        | \$112,000.00  | ☐ Wages, commissions, bonuses, tips        |   |  |  |
|  | ☐ Operating a business                     |   | ☐ Operating a business                     |   |  |  |
|  | ■ Wages, commissions, bonuses, tips        | \$56,674.00   | ☐ Wages, commissions, bonuses, tips        |   |  |  |
|  | ☐ Operating a business                     |   | ☐ Operating a business                     |   |  |  |
|  |  |   |  |   |  |  |

#### 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

□ No

Yes. Fill in the details.

|   | Debtor 1                             |  | Debtor 2                             |   |  |
|---|--------------------------------------|--|--------------------------------------|---|--|
|   | Sources of income<br>Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: | Pension                              | \$5,500.00   |                                      |   |  |
|   | Social Security<br>Benefits          | \$9,500.00   |                                      |   |  |
|   | Family contribution                  | \$4,000.00   |                                      |   |  |
| For last calendar year:<br>(January 1 to December 31, 2021)             | Pension                              | \$13,200.00  |                                      |   |  |
|   | Social Security<br>Benefits          | \$25,759.00  |                                      |   |  |
|   | Unemployment                         | \$14,640.00  |                                      |   |  |
|   | Family Contribution                  | \$2,400.00   |                                      |   |  |
| For the calendar year before that:<br>(January 1 to December 31, 2020)  | Unemployment                         | \$5,640.00   |                                      |   |  |
|   | Pension                              | \$4,407.00   |                                      |   |  |
|   | Social Security<br>Benefits          | \$9,500.00   |                                      |   |  |
|   |                                      |  |                                      | ·   |  |

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Document Page 10 of 55 Case number (if known) Debtor 1 **Toni Carol Fant** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?  $\square$  No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Mercedes-Benz Fin. Svcs. March - May 2022 \$2,340.00 \$6,463,00 ☐ Mortgage Attn: Bankruptcv contractual Car Po Box 685 payments ☐ Credit Card Roanoke, TX 76262 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Last 90 days \$1,600.00 \$16,396.00 **Upstart Finance** ■ Mortgage Attn: Bankruptcy ☐ Car Po Box 1503 ☐ Credit Card San Carlos, CA 94070 Loan Repayment ☐ Suppliers or vendors □ Other Last 90 days \$800.00 \$7,831.00 NetCredit ■ Mortgage Attn: Bankruptcy ☐ Car 175 W. Jackson Blvd, Ste 1000 ■ Credit Card Chicago, IL 60604 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Yes. List all payments to an insider.

**Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe

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|          |                 | Document | rage II or 33          |
|----------|-----------------|----------|------------------------|
| Debtor 1 | Toni Carol Fant |          | Case number (if known) |

| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi  |                            | nents or transfer any prope  | rty on accou        | unt of a deb                      | t that benefited an      |
|-----|--|----------------------------|--|---------------------|-----------------------------------|--------------------------|
|     | ■ No   |                            |  |                     |                                   |                          |
|     | ☐ Yes. List all payments to an insider   |                            |  |                     |                                   |                          |
|     | Insider's Name and Address   | Dates of payment           | Total amount Amour paid stil   |                     | eason for the                     | nis payment<br>or's name |
| Par | t 4: Identify Legal Actions, Repossession  | s, and Foreclosures        |  |                     |                                   |                          |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |                            |  |                     |                                   |                          |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |                            |  |                     |                                   |                          |
|     | Case title Case number   | Nature of the case         | Court or agency  | St                  | atus of the                       | case                     |
|     | LVNV/Comenity Bank v. Toni Fant<br>21-J-10534  | Collections                | Magistrate Court of Cobb<br>County<br>32 Waddell St SE<br>Marietta, GA 30090 |                     | ■ Pending □ On appeal □ Concluded |                          |
|     | Midland Credit Mgmt v. Toni Fant<br>20-J-09776   | Collections                | Magistrate Court of Col<br>County<br>32 Waddell St SE<br>Marietta, GA 30090  |                     | Pending On appeal Concluded       |                          |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  |                            | rty repossessed, foreclosed  | I, garnished        | , attached,                       | seized, or levied?       |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |                            |  |                     |                                   |                          |
|     | Creditor Name and Address  | Describe the Property      |  | Date                |                                   | Value of the             |
|     |  | Explain what happened      |  | 2000                |                                   | property                 |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No |                            |  |                     |                                   |                          |
|     | ☐ Yes. Fill in the details.  Creditor Name and Address   | Describe the action the    | creditor took  | Date action         | on was                            | Amount                   |
|     |  |                            |  | taken               |                                   |                          |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an  ■ No □ Yes  |                            | rty in the possession of an a  | assignee foi        | r the benefi                      | t of creditors, a        |
| Par | t 5: List Certain Gifts and Contributions  |                            |  |                     |                                   |                          |
| 13. | Within 2 years before you filed for bankrupt  No   | cy, did you give any gifts | with a total value of more t   | han \$600 pe        | er person?                        |                          |
|     | ☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  | Describe the gifts         |  | Dates you the gifts | u gave                            | Value                    |
|     | Person to Whom You Gave the Gift and Address:  |                            |  |                     |                                   |                          |

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Toni Carol Fant Case number (if known)

Debtor 1 Toni Carol Fant

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution. |          |   |                                   |                           |  |  |  |  |  |
|-----|--|----------|---|-----------------------------------|---------------------------|--|--|--|--|--|
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)   |          | Describe what you contributed   | Dates you contributed             | Value                     |  |  |  |  |  |
| Par | t 6: List Certain Losses   |          |   |                                   |                           |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankrup or gambling?  | tcy or   | since you filed for bankruptcy, did you lose any  | thing because of theft            | , fire, other disaster,   |  |  |  |  |  |
|     | Yes. Fill in the details.  |          |   |                                   |                           |  |  |  |  |  |
|     | how the loss occurred  | Include  | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.                                | Date of your loss                 | Value of property<br>lost |  |  |  |  |  |
| Par | t 7: List Certain Payments or Transfers  |          |   |                                   |                           |  |  |  |  |  |
| 16. | consulted about seeking bankruptcy or p  | reparin  | d you or anyone else acting on your behalf pay on a bankruptcy petition?  s, or credit counseling agencies for services require |                                   | ty to anyone you          |  |  |  |  |  |
|     | Yes. Fill in the details.  |          |   |                                   |                           |  |  |  |  |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You   |          | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |  |  |  |  |  |
|     | Law Offices of Douglas Jacobson, LLC<br>11539 Park Woods Circle<br>Suite 304<br>Alpharetta, GA 30005<br>douglas@douglasjacobsonlaw.com<br>Debtor's mother  |          | Attorney Fees   | May 17, 2022                      | \$1,338.00                |  |  |  |  |  |
|     | Sherman Law Group<br>1560 Warsaw Road<br>Roswell, GA 30076<br>www.theshermanlawgroup.com   |          | Consultation/Assessment Fee   | Spring 2022                       | \$50.00                   |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that you ho   | itors or |   | or transfer any proper            | ty to anyone who          |  |  |  |  |  |
|     | Yes. Fill in the details.  |          |   |                                   |                           |  |  |  |  |  |
|     | Person Who Was Paid<br>Address   |          | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |  |  |  |  |  |

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Case number (if known) Debtor 1 Toni Carol Fant

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details. |   |  |  |                   |   |  |  |  |
|-----|--|---|--|--|-------------------|---|--|--|--|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v property transferr                                |  | Describe any pro<br>payments receive<br>paid in exchange | ed or debts       | Date transfer was<br>made                     |  |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.   |   | y property to a se   | elf-settled trust or si                                  | milar device of   | which you are a                               |  |  |  |
|     | Name of trust  | Description and v   | alue of the prope  | rty transferred  |                   | Date Transfer was made                        |  |  |  |
| Par | t 8: List of Certain Financial Accounts, In  | struments, Safe Deposit   | Boxes, and Stor  | age Units  |                   |   |  |  |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, assolution No  Yes. Fill in the details.  | or other financial accour   | nts; certificates o  | ·  | ,                 | ,   |  |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                                     | •  |  | unt was<br>old,   | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.  | year before you filed for   | bankruptcy, any  | safe deposit box or                                      | other deposito    | ry for securities,                            |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  |   | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |  | s                 | Do you still have it?                         |  |  |  |
| 22. | Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.   | or place other than your  | home within 1 ye   | ear before you filed                                     | for bankruptcy′   | ?   |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |  | escribe the content                                      | s                 | Do you still have it?                         |  |  |  |
| Par | t 9: Identify Property You Hold or Control   | for Someone Else  |  |  |                   |   |  |  |  |
| 23. | Do you hold or control any property that so for someone.  No Yes. Fill in the details.   | meone else owns? Inclu  | ude any property   | you borrowed from  | , are storing for | , or hold in trust                            |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)              |  | escribe the propert                                      | у                 | Value   |  |  |  |
| Par | t 10: Give Details About Environmental Info  | ormation  |  |  |                   |   |  |  |  |
| or  | the purpose of Part 10, the following definiti   | ons apply:  |  |  |                   |   |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1 Toni Carol Fant Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. П Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below.

Part 12: Sign Below

Name

Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

**Date Issued** 

(Number, Street, City, State and ZIP Code)

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Debtor 1 Toni Carol Fant Case number (if known)

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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|                   |                      | ,                             |                  | Doc      | ument                | Page 16 of 55                                      | · · · · · · · · · · · · · · · · · · · |                  | 2000   |
|-------------------|----------------------|-------------------------------|------------------|----------|----------------------|--|---------------------------------------|------------------|--|
| Fill in           | this inform          | ation to identify             | your case and th | is filin | g:                   |  |                                       |                  |  |
| Debto             | r 1                  | Toni Carol F                  | ant              |          |                      |  |                                       |                  |  |
| Dobto             | r O                  | First Name                    | Middle           | Name     |                      | Last Name  |                                       |                  |  |
| Debtoi<br>(Spouse | r ∠<br>e, if filing) | First Name                    | Middle           | Name     |                      | Last Name  |                                       |                  |  |
| United            | l States Ban         | kruptcy Court for             | the: NORTHER     | N DIST   | RICT OF G            | EORGIA   |                                       |                  |  |
| Caaa ,            | numbor               |                               |                  |          |                      |  |                                       |                  |  |
|                   | number               |                               |                  |          |                      |  |                                       |                  | ☐ Check if this is an amended filing               |
| <b>~</b>          |                      | 4004/5                        |                  |          |                      |  |                                       |                  |  |
|                   |                      | m 106A/B                      | -                |          |                      |  |                                       |                  |  |
| Sch               | nedule               | e A/B: Pr                     | operty           |          |                      |  |                                       |                  | 12/15  |
| Part 1:           |                      |                               |                  |          |                      | Own or Have an Interest In                         |                                       |                  |  |
| □ N               | o. Go to Part        | 2.                            |                  |          |                      |  |                                       |                  |  |
| ■ Ye              | es Where is          | the property?                 |                  |          |                      |  |                                       |                  |  |
|                   |                      |                               |                  |          |                      |  |                                       |                  |  |
|                   |                      |                               |                  |          |                      |  |                                       |                  |  |
| 1.1               |                      |                               |                  | Wha      | t is the prope       | erty? Check all that apply                         |                                       |                  |  |
|                   |                      | acation Club<br>wood Boulevar | ·d               |          | Single-fam           | ily home   |                                       |                  | claims or exemptions. Put ed claims on Schedule D: |
| _                 | Suite 500            | wood Bouleval                 | u                |          |                      | multi-unit building                                |                                       |                  | nims Secured by Property.                          |
| S                 | treet address, if    | available, or other desc      | cription         |          | Condomini            | um or cooperative                                  |                                       |                  |  |
|                   |                      |                               |                  |          | Manufactui           | red or mobile home                                 | Current va                            | alue of the      | Current value of the                               |
| _                 | Orlando              | FL                            | 32821-0000       |          |                      |  | entire pro                            | · ·              | portion you own?                                   |
| С                 | ity                  | State                         | ZIP Code         | ■        | Investment Timeshare |  |                                       | \$5,000.00       | \$5,000.00   |
|                   |                      |                               |                  |          | Other                |  |                                       |                  | your ownership interest nancy by the entireties, o |
|                   |                      |                               |                  | Who      | has an inter         | rest in the property? Check one                    | •                                     | te), if known.   | nancy by the entireties, o                         |
|                   |                      |                               |                  |          | Debtor 1 or          | nly  |                                       |                  |  |
| C                 | Orange               |                               |                  |          | Debtor 2 or          | nly  |                                       |                  |  |
| С                 | ounty                |                               |                  |          | Debtor 1 ar          | nd Debtor 2 only                                   | □ Chec                                | k if this is cor | mmunity property                                   |
|                   |                      |                               |                  |          | , 11 10 au t         | e of the debtors and another                       | (see in                               | structions)      | ,, ,   |
|                   |                      |                               |                  |          |                      | n you wish to add about this ite<br>cation number: | em, such as lo                        | cal              |  |
|                   |                      |                               |                  |          |                      | rough Marriort Vacation<br>al location.            | Club. Usa                             | ge based o       | on point system.                                   |
|                   |                      |                               |                  |          |                      |  |                                       |                  |  |
|                   |                      |                               |                  |          |                      | es from Part 1, including an                       |                                       |                  | \$5,000.00   |
| ļ- <del>-</del> - | J ,                  |                               |                  |          |                      | ·  |                                       |                  |  |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

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| Debt          | or 1 _                 | oni Carol Fant  |                    |   | Case number (if known)                  |   |
|---------------|------------------------|---|--------------------|---|---|---|
| 3. <b>C</b> a | ırs, vans              | , trucks, tractors  | , sport utility ve | hicles, motorcycles   |   |   |
|               | No                     |   |                    |   |   |   |
| _             | Yes                    |   |                    |   |   |   |
|               | 163                    |   |                    |   |   |   |
| 3.1           | Make:                  | Mercedes  |                    | Who has an interest in the property? Check one                            |   | ed claims or exemptions. Put                                  |
|               | Model:                 | E550  |                    | ■ Debtor 1 only   |   | ecured claims on Schedule D:<br>Claims Secured by Property.   |
|               | Year:                  | 2014  |                    | Debtor 2 only   |   |   |
|               | Approxi                | mate mileage:   | 92000              | Debtor 1 and Debtor 2 only  | Current value of th<br>entire property? | e Current value of the portion you own?                       |
|               | Other in               | formation:  |                    | ☐ At least one of the debtors and another                                 |   |   |
|               |                        |   |                    | Check if this is community property (see instructions)                    | \$10,000.0                              | \$10,000.00   |
|               | No<br>Yes<br>dd the dd | ollar value of the  | portion you ow     | n for all of your entries from Part 2, including                          | any entries for                         |   |
|               |                        |   |                    | that number here  |   | \$10,000.00   |
|               |                        |   |                    |   | _                                       |   |
|               |                        | ibe Your Personal   |                    | ems<br>terest in any of the following items?                              |   | Current value of the  |
| БО у          | ou own                 | or mave any lega  | i or equitable in  | terest in any or the following items:                                     |   | portion you own?  Do not deduct secured claims or exemptions. |
| E.            | xamples:<br>No         | goods and furni<br>Major appliances<br>escribe            |                    | , china, kitchenware  |   |   |
|               |                        | T   | ypical HHG an      | d furnishings   |   | \$2,500.00  |
|               |                        |   | урісаі ппо ап      | u rurnisinings  |   | ΨΣ,300.00   |
| E.            | No                     | Televisions and r   |                    | eo, stereo, and digital equipment; computers, pri<br>ledia players, games | nters, scanners; music col              | lections; electronic devices                                  |
|               |                        | 2   | televisions, la    | ptop & desktop  |   | \$1,000.00  |
| E.            |                        | s of value<br>Antiques and figu<br>other collections,     | , i                | prints, or other artwork; books, pictures, or other<br>llectibles         | art objects; stamp, coin, c             | or baseball card collections;                                 |
|               |                        | escribe   |                    |   |   |   |
| E.            | xamples:<br>No         | for sports and h<br>Sports, photograp<br>musical instrume | ohic, exercise, an | d other hobby equipment; bicycles, pool tables,                           | golf clubs, skis; canoes ar             | nd kayaks; carpentry tools;                                   |
|               | . 55. De               |   |                    |   |   |   |
|               |                        | G   | olf clubs          |   |   | \$100.00  |

Official Form 106A/B

Entered 05/19/22 11:27:57 Case 22-53829-jwc Doc 1 Filed 05/19/22 Desc Main Page 18 of 55 Document Debtor 1 **Toni Carol Fant** Case number (if known) 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$800.00 Personal apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Assorted jewelry \$1,000.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,400.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar

Fifth Third

institutions. If you have multiple accounts with the same institution, list each.

□ No Institution name: Yes.....

> Fifth Third \$200.00 Checking 17.1.

Savings 17.2.

**Chime Card** \$20.00 17.3. Checking

Official Form 106A/B Schedule A/B: Property \$0.00

Case 22-53829-jwc Doc 1 Filed 05/19/22 Entered 05/19/22 11:27:57 Desc Main Page 19 of 55 Document Debtor 1 Case number (if known) Toni Carol Fant 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: Pension **JBT Corporation** Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

Case 22-53829-jwc Filed 05/19/22 Entered 05/19/22 11:27:57 Page 20 of 55 Document Debtor 1 Case number (if known) Toni Carol Fant 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Mass Matural term life policy - no cash Son \$0.00 value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$220.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Doc 1

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 7.

Case 22-53829-jwc Doc 1 Filed 05/19/22 Entered 05/19/22 11:27:57 Desc Main Page 21 of 55 Document Debtor 1 Case number (if known) **Toni Carol Fant** ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$5,000.00 Part 2: Total vehicles, line 5 \$10,000.00 57. Part 3: Total personal and household items, line 15 \$5,400.00 Part 4: Total financial assets, line 36 58. \$220.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$15,620.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

62.

\$15,620.00

\$20,620.00

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| Fill in this inform | mation to identify your  | case:             |            |                                      |
|---------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1            | Toni Carol Fant          |                   |            |                                      |
|                     | First Name               | Middle Name       | Last Name  |                                      |
| Debtor 2            |                          |                   |            |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |                                      |
| United States Ba    | inkruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                                      |
| Case number _       |                          |                   |            | ☐ Check if this is an amended filing |
|                     |                          |                   |            | amended ming                         |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| one box for each exemption.                           |
|---|
| \$3,537.00 O.C.G.A. § 44-13-100(a)(3)                 |
| of fair market value, up to pplicable statutory limit |
| \$2,500.00 O.C.G.A. § 44-13-100(a)(4)                 |
| of fair market value, up to pplicable statutory limit |
| \$1,000.00 O.C.G.A. § 44-13-100(a)(4)                 |
| of fair market value, up to pplicable statutory limit |
| \$100.00 O.C.G.A. § 44-13-100(a)(6)                   |
| of fair market value, up to pplicable statutory limit |
| \$800.00 O.C.G.A. § 44-13-100(a)(4)                   |
| of fair market value, up to                           |
|   |

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| De | ebtor 1 Toni Carol Fant  |                                      |         | Case number (if known)  |                            |  |
|----|--|--------------------------------------|---------|---|----------------------------|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo     | Specific laws that allow exemption                              |                            |  |
|    |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                            |  |
|    | Assorted jewelry Line from Schedule A/B: 12.1  | \$1,000.00                           | -       | \$500.00  | O.C.G.A. § 44-13-100(a)(5) |  |
|    | Line from Schedule A/B. 12.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
|    | Assorted jewelry Line from Schedule A/B: 12.1  | \$1,000.00                           |         | \$500.00  | O.C.G.A. § 44-13-100(a)(6) |  |
|    | Line from Schedule A/B. 12.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
|    | Checking: Fifth Third Line from Schedule A/B: 17.1                                     | \$200.00                             |         | \$200.00  | O.C.G.A. § 44-13-100(a)(6) |  |
|    | Line from Schedule A/B. 17-1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
|    | Checking: Chime Card Line from Schedule A/B: 17.3                                      | \$20.00                              |         | \$20.00   | O.C.G.A. § 44-13-100(a)(6) |  |
|    | Line from Schedule A/B. 17.3   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every     |                                      |         | led on or after the date of adjustmer                           | nt.)                       |  |
|    | ■ No   |                                      |         |   |                            |  |
|    | ☐ Yes. Did you acquire the property cover  | ered by the exemption wi             | ithin 1 | ,215 days before you filed this case                            | ?                          |  |
|    | □ No   |                                      |         |   |                            |  |
|    | ☐ Yes  |                                      |         |   |                            |  |

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|                         |   | -   | Document   | Page 24                    | of 55   |  |                                   |
|-------------------------|---|---|--|----------------------------|---|--|-----------------------------------|
| Filli                   | n this informatio   | n to identify you   |  |                            |   |  |                                   |
| Deb                     | tor 1 <b>T</b>  | oni Carol Fant  |  |                            |   |  |                                   |
|                         | Fir   | st Name   | Middle Name  | Last Name                  |   |  |                                   |
|                         | tor 2<br>ise if, filing) Fi                                 | rst Name  | Middle Name  | Last Name                  |   |  |                                   |
| Unit                    | ed States Bankrup   | otcy Court for the:   | NORTHERN DISTRICT OF G   | EORGIA                     |   |  |                                   |
| Case<br>(if kno         | e number  |   |  |                            |   | _  | if this is an<br>ded filing       |
| Offi                    | cial Form 10  | 06D   |  |                            |   |  |                                   |
|                         |   |   | Who Have Claims  | Secured                    | l by Propert  | y  | 12/15                             |
| is nee<br>numb<br>1. Do | eded, copy the Addi<br>er (if known).<br>any creditors have | itional Page, fill it on<br>claims secured by<br>box and submit the | nis form to the court with your othe   | to this form. On           | the top of any addition   | nal pages, write your na                               |                                   |
| Part                    | 1: List All Sec   | cured Claims  |  |                            |   |  |                                   |
| for ea                  | ach claim. If more the as possible, list the                | an one creditor has<br>claims in alphabetion                        | nore than one secured claim, list the cru<br>a particular claim, list the other creditor<br>cal order according to the creditor's name   | rs in Part 2. As           | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1                     | Marriott Vacat<br>  Worldwide                               | tions   | Describe the property that secures   | the claim:                 | \$22,383.00   | \$5,000.00   | \$17,383.00                       |
|                         | Creditor's Name  Attn: Bankrup 1200 Bartow F                | •   | Marriott Vacation Club 6649 Westwood Boulevard Suite Orlando, FL 32821 Orange Timeshare through Marriord Vacation Club. Usage base point system. Not a physical location. As of the date you file, the claim is: | 500<br>County<br>t<br>d on |   |  |                                   |
|                         | Lakeland, FL  |   | apply.  Contingent   |                            |   |  |                                   |
|                         | Number, Street, City, S                                     | State & Zip Code  | ☐ Unliquidated ☐ Disputed  |                            |   |  |                                   |
| Who                     | owes the debt?  | Check one.  | Nature of lien. Check all that apply.  |                            |   |  |                                   |
|                         | ebtor 1 only  |   | ☐ An agreement you made (such as car loan)   | mortgage or secu           | ured  |  |                                   |
|                         | ebtor 1 and Debtor 2  | 2 only  | ☐ Statutory lien (such as tax lien, me   | echanic's lien)            |   |  |                                   |
| ПА                      | t least one of the del                                      | otors and another   | ☐ Judgment lien from a lawsuit   | •                          |   |  |                                   |
|                         | heck if this claim recommunity debt                         | elates to a   | Other (including a right to offset)  | Timeshare                  |   |  |                                   |
|                         |   | Opened<br>08/18 Last  |  |                            |   |  |                                   |
| Date                    | debt was incurred   | Active 03/22  | Last 4 digits of account num   | nber 5469                  |   |  |                                   |

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| Debto   | r 1 Toni Caro                                | l Fant                             |   | Case number (if known) |  |             |             |        |
|---------|--|------------------------------------|---|------------------------|--|-------------|-------------|--------|
|         | First Name                                   | Middle N                           | lame Last Name  | _                      |  | _           |             |        |
| 1221    | Mercedes-Ben<br>Svcs.                        | z Fin.                             | Describe the property that secures                        | the claim:             | \$6,46                                       | 3.00        | \$10,000.00 | \$0.00 |
| C       | Creditor's Name                              |                                    | 2014 Mercedes E550 92000                                  | miles                  |  |             |             |        |
| F       | Attn: Bankrup<br>Po Box 685<br>Roanoke, TX 7 |                                    | As of the date you file, the claim is: apply.  Contingent | Check all that         |  |             |             |        |
| N       | Number, Street, City, S                      | State & Zip Code                   | ☐ Unliquidated  |                        |  |             |             |        |
| Who o   | owes the debt? C                             | heck one.                          | ☐ Disputed  Nature of lien. Check all that apply.         |                        |  |             |             |        |
| _       | otor 1 only<br>otor 2 only                   |                                    | ☐ An agreement you made (such as car loan)                | mortgage or            | secured                                      |             |             |        |
|         | otor 1 and Debtor 2                          | only                               | ☐ Statutory lien (such as tax lien, me                    | chanic's lien          | )  |             |             |        |
| ☐ At le | east one of the deb                          | otors and another                  | ☐ Judgment lien from a lawsuit                            |                        |  |             |             |        |
|         | eck if this claim re<br>mmunity debt         | elates to a                        | Other (including a right to offset)  Purchase             |                        | se Money Secur                               | rity        |             |        |
| Date de | ebt was incurred                             | Opened 5/07/16 Last Active 4/19/22 | Last 4 digits of account num                              | ber <u>000</u>         | <u>11                                   </u> |             |             |        |
|         |  |                                    |   |                        |  |             |             |        |
|         |  |                                    | Column A on this page. Write that num                     |                        |  | \$28,846.00 |             |        |
|         | s is the last page<br>that number her        | •                                  | the dollar value totals from all pages.                   |                        |  | \$28,846.00 |             |        |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|  |   |  | D  | ocument   | Page 20  | 6 of 55  |   |   |
|--|---|--|--|---|--|--|---|---|
| Fill in  | this inform   | ation to identify your   | case:  |   |  |  |   |   |
| Debto  | r 1   | Toni Carol Fant  |  |   |  |  |   |   |
| Debio  | 1 1   | First Name   | Middle Nam   | e   | Last Name  |  |   |   |
| Debto  | r 2   |  |  |   |  |  |   |   |
| (Spouse  | e if, filing)   | First Name   | Middle Nam   | е   | Last Name  |  |   |   |
| United   | d States Ban  | kruptcy Court for the:   | NORTHERN I   | DISTRICT OF   | GEORGIA  |  |   |   |
|  |   | . ,  |  |   |  |  |   |   |
| Case (if know)                                     | number  |  |  |   |  |  |   | Obselvit Abia is an                               |
| (II KIIOWI   | 11)   |  |  |   |  |  |   | Check if this is an amended filing                |
|  |   |  |  |   |  |  |   | amended ming                                      |
| Offic  | ial Form  | 106E/F   |  |   |  |  |   |   |
| Sche   | edule E   | F: Creditors W   | /ho Have l   | Jnsecure  | d Claims   |  |   | 12/15   |
| any exe<br>Schedu<br>Schedu<br>Ieft. Att<br>name a | ecutory contr<br>ile G: Execut<br>ile D: Credito<br>ach the Cont<br>nd case num | acts or unexpired leases<br>ory Contracts and Unexp<br>ors Who Have Claims Sec<br>inuation Page to this pag<br>ber (if known). | that could result<br>pired Leases (Officured by Property<br>ge. If you have no | in a claim. Also<br>cial Form 106G).<br>If more space i<br>information to i | o list executory of<br>. Do not include<br>is needed, copy | contracts on Schedule APE<br>any creditors with partially<br>the Part you need, fill it out<br>do not file that Part. On the | : Property (Off<br>secured clair<br>t, number the | ns that are listed in entries in the boxes on the |
| Part 1   |   | of Your PRIORITY Un  |  |   |  |  |   |   |
| 1. Do  | any creditor  | rs have priority unsecure  | ed claims against  | you?  |  |  |   |   |
| -  | No. Go to Pa  | art 2.   |  |   |  |  |   |   |
|  | Yes.  |  |  |   |  |  |   |   |
| David 0  |   | - ( V NONDDIODIT   | F.V. I I   | N - !   |  |  |   |   |
| Part 2   |   | of Your NONPRIORIT   |  |   |  |  |   |   |
| 3. Do  | o any creditoi  | rs have nonpriority unsec  | cured claims agai  | nst you?  |  |  |   |   |
|  | No. You have  | e nothing to report in this p  | eart. Submit this for  | m to the court wi   | th your other sch  | edules.  |   |   |
|  | Yes.  |  |  |   |  |  |   |   |
| un<br>tha  | secured claim   | , list the creditor separately   | y for each claim. F  | or each claim list  | ed, identify what  | o holds each claim. If a crec<br>type of claim it is. Do not list<br>three nonpriority unsecured                             | claims already                                    | included in Part 1. If more                       |
|  |   |  |  |   |  |  |   | Total claim                                       |
| 4.1  | Amex  |  | L  | ast 4 digits of a   | ccount number  | 6543   |   | \$5,385.00  |
|  |   | Creditor's Name  | <del></del>  |   |  |  |   | · · · · · · · · · · · · · · · · · · ·             |
|  |   | ondence/Bankrupto  | •  | /han waa tha da   | ht in account of 2   | Opened 06/16 Last  | Active  |   |
|  | Po Box 9  | 981540<br>TX 79998   | V  | hen was the de  | ept incurred?  | 5/09/22  |   |   |
|  |   | reet City State Zip Code   | A  | s of the date yo  | u file, the claim  | is: Check all that apply   |   |   |
|  | Who incur   | red the debt? Check one.   |  |   |  |  |   |   |
|  | Debtor  | 1 only   |  | Contingent  |  |  |   |   |
|  | ☐ Debtor 2  | 2 only   |  | Unliquidated  |  |  |   |   |
|  |   | 1 and Debtor 2 only  |  | Disputed  |  |  |   |   |
|  |   | one of the debtors and and   | _  | •   | ORITY unsecure   | d claim:   |   |   |
|  | _   | if this claim is for a com   |  | Student loans   |  |  |   |   |
|  | debt  |  | •  | Obligations aris  | sing out of a sepa   | aration agreement or divorce   | that you did no                                   | t   |
|  | Is the clain  | n subject to offset?   | re   | eport as priority c   | laims  |  |   |   |
|  | No  |  |  | Debts to pension  | on or profit-sharir  | ng plans, and other similar de   | ebts  |   |
|  | ☐ Yes   |  |  | Other. Specify  | Credit Card  | t  |   | _   |

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| Debtor | 1 Toni Carol Fant   |  | Case number (if known)                        |             |
|--------|---|--|---|-------------|
| 4.2    | Amex  | Last 4 digits of account number                              | 8693  | \$5,366.00  |
|        | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998   | When was the debt incurred?                                  |   |             |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | is: Check all that apply                      |             |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |             |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|        | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|        | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|        | Yes   | Other. Specify Credit Card                                   | 1   |             |
| 4.3    | Amex Nonpriority Creditor's Name  | Last 4 digits of account number                              | 5063  | \$1,110.00  |
|        | Correspondence/Bankruptcy Po Box 981540   | When was the debt incurred?                                  | Opened 12/14 Last Active 4/24/22              |             |
|        | El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |             |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |             |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|        | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|        | debt<br>Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |             |
|        | No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|        | Yes   | Other. Specify Credit Card                                   | 1   |             |
| 4.4    | Chase Card Services Nonpriority Creditor's Name   | Last 4 digits of account number                              | 3689  | \$13,641.00 |
|        | Attn: Bankruptcy<br>P.O. 15298  | When was the debt incurred?                                  | Opened 08/12 Last Active 4/28/19              |             |
|        | Wilmington, DE 19850  Number Street City State Zip Code                                 | As of the date you file, the claim                           | is: Check all that apply                      |             |
|        | Who incurred the debt? Check one.   | •  | ,   |             |
|        | Debtor 1 only   | ☐ Contingent   |   |             |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |             |
|        | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |             |
|        | ☐ Yes   | ■ Other Specify Credit Card                                  |   |             |
|        |   | Culoi. Opcomy  |   |             |

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| Debio | I oni Caroi Fant  |  | Case number (if known)                                   |            |  |  |  |  |  |
|-------|---|--|--|------------|--|--|--|--|--|
| 4.5   | Discover Financial  | Last 4 digits of account number  | 3138   | \$4,270.00 |  |  |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred?  As of the date you file, the claim in           | Opened 11/14 Last Active 5/02/19 s: Check all that apply |            |  |  |  |  |  |
|       | Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |            |  |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured                                    | d claim:   |            |  |  |  |  |  |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not             |            |  |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharin  |  |            |  |  |  |  |  |
|       | Yes   | Other. Specify Credit Card   | <u> </u>   |            |  |  |  |  |  |
| 4.6   | Elan Financial Service Nonpriority Creditor's Name  | Last 4 digits of account number  | 4149   | \$8,271.00 |  |  |  |  |  |
|       | ,   | When was the debt incurred?  | Opened 09/13 Last Active 6/10/19                         |            |  |  |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | s: Check all that apply                                  |            |  |  |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |  |  |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:   |            |  |  |  |  |  |
|       | $\square$ Check if this claim is for a community  | Student loans  |  |            |  |  |  |  |  |
|       | debt<br>Is the claim subject to offset?   | report as priority claims  | ration agreement or divorce that you did not             |            |  |  |  |  |  |
|       | ■ No  | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts                         |            |  |  |  |  |  |
|       | Yes   | Other. Specify Credit Card   | <u> </u>   |            |  |  |  |  |  |
| 4.7   | Fifth Third Bank  | Last 4 digits of account number  | 0532   | \$7,325.00 |  |  |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Maildrop RCS83E 1830 E Paris Ave SE  | When was the debt incurred?  | Opened 04/18 Last Active 05/22                           |            |  |  |  |  |  |
|       | Grand Rapids, MI 49546  Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i   | s: Check all that apply                                  |            |  |  |  |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |  |  |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:   |            |  |  |  |  |  |
|       | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not             |            |  |  |  |  |  |
|       | Is the claim subject to offset?   | report as priority claims  |  |            |  |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharin  |  |            |  |  |  |  |  |
|       | Yes   | Other Specify Credit Card  | I  |            |  |  |  |  |  |

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| Debtor | 1 Toni Carol Fant  |   | Case number (if known)                                   |            |
|--------|--|---|--|------------|
| 4.8    | Macys/fdsb   | Last 4 digits of account number   | 8230   | \$3,378.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040   | When was the debt incurred?   | Opened 09/16 Last Active 04/22                           |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim  | s: Check all that apply                                  |            |
|        | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured   | d claim:   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing                     | ration agreement or divorce that you did not             |            |
|        | ■ No □ Yes   | Other. Specify Charge Acc   |  |            |
| 4.9    | NetCredit  | Last 4 digits of account number   | 2096   | \$7,831.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 175 W. Jackson Blvd, Ste 1000 Chicago, IL 60604   | When was the debt incurred?   | Opened 01/22 Last Active 5/13/22                         |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim  | s: Check all that apply                                  |            |
|        | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not             |            |
|        | ■ No □ Yes   | ☐ Debts to pension or profit-sharin ☐ Other. Specify  | g plans, and other similar debts                         |            |
| 4.1    | Northside Hospital   | Last 4 digits of account number   |  | \$9,457.00 |
|        | Nonpriority Creditor's Name 1001 Summit Blvd 1st Floor Atlanta, GA 30319   | When was the debt incurred?   |  |            |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim  | s: Check all that apply                                  |            |
|        | Debtor 1 only  | ☐ Contingent  |  |            |
|        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim:<br>ration agreement or divorce that you did not |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing  | g plans, and other similar debts                         |            |
|        | ☐ Yes  | Other, Specify Medical  |  |            |

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| 1 Toni Carol Fant   |   | Case number (if known)                                     |           |  |  |  |  |  |
|---|---|--|-----------|--|--|--|--|--|
| Northside Radiology Associates  Nonpriority Creditor's Name P.O. Box 102263           | Last 4 digits of account number  When was the debt incurred?                  |  | \$1,245.0 |  |  |  |  |  |
| Atlanta, GA 30368   | When was the dept incurred?   |  |           |  |  |  |  |  |
| Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply                                   |           |  |  |  |  |  |
| Who incurred the debt? Check one.   |   |  |           |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |  |           |  |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |  |           |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |           |  |  |  |  |  |
| $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure  |  |           |  |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |  |           |  |  |  |  |  |
| debt  | Obligations arising out of a sepa   |  |           |  |  |  |  |  |
| Is the claim subject to offset?   | report as priority claims   |  |           |  |  |  |  |  |
| ■ No  | Debts to pension or profit-sharir   |  |           |  |  |  |  |  |
| Yes   | Other. Specify Medical  |  |           |  |  |  |  |  |
| Resurgent Capital Services  | Last 4 digits of account number   | 7613   | \$2,468.0 |  |  |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497                             | When was the debt incurred?   | Opened 01/20 Last Active 07/19                             |           |  |  |  |  |  |
| Greenville, SC 29603  | _   | As of the date you file the claim is: Check all that apply |           |  |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.                   | As of the date you file, the claim  |  |           |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |  |           |  |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |  |           |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |           |  |  |  |  |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:   |           |  |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |  |           |  |  |  |  |  |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not              |           |  |  |  |  |  |
| ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts                          |           |  |  |  |  |  |
| Yes   | ■ Other. Specify Factoring (Bank Sterli                                       | Company Account Comenity ng Family                         |           |  |  |  |  |  |
| Synchrony Bank/TJX  | Last 4 digits of account number   | 7534   | \$4,802.0 |  |  |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965064 Orlando, El 32806     | When was the debt incurred?   | Opened 04/14 Last Active 5/25/19                           |           |  |  |  |  |  |
| Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                                   |           |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |  |           |  |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |  |           |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |           |  |  |  |  |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  |  |           |  |  |  |  |  |
| ☐ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not              |           |  |  |  |  |  |
| Is the claim subject to offset?   | report as priority claims   | •  |           |  |  |  |  |  |
| ■ No  | ☐ Debts to pension or profit-sharir   | ng plans, and other similar debts                          |           |  |  |  |  |  |
| Yes   | ■ Other. Specify Credit Card  | I  |           |  |  |  |  |  |

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| Debtor 1                      | Toni Caro   | ol Fant  |  | Case n        | umber (if kno  | own)                |               |                   |
|-------------------------------|---|--|--|---------------|----------------|---------------------|---------------|-------------------|
|                               |   | PayPal Credit  | Last 4 digits of account number  | 8650          | 1              |                     |               | \$3,016.00        |
| <i>A</i><br>F                 | lonpriority Cred<br>Attn: Bankr<br>Po Box 9650<br>Orlando, FL | uptcy<br>060   | When was the debt incurred?  | Oper<br>4/06/ |                | Last Active         |               |                   |
| N                             | lumber Street (   | City State Zip Code the debt? Check one.   | As of the date you file, the claim i   | is: Check     | k all that app | ly                  |               |                   |
| _                             | Debtor 1 only   |  | ☐ Contingent   |               |                |                     |               |                   |
| _                             | Debtor 2 onl  | •  | ☐ Unliquidated   |               |                |                     |               |                   |
| _                             | _   | d Debtor 2 only  | ☐ Disputed   |               |                |                     |               |                   |
|                               |   | of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:      |                |                     |               |                   |
| _                             | _   | s claim is for a community   | ☐ Student loans  |               |                |                     |               |                   |
| d                             | ebt   | bject to offset?   | ☐ Obligations arising out of a separeport as priority claims   | ration ag     | greement or o  | divorce that you di | id not        |                   |
| _                             | No  |  | Debts to pension or profit-sharin  | n nlans       | and other sir  | milar dehts         |               |                   |
|                               | ■ No<br>I Yes   |  | Other. Specify Credit Card   | •             | and other sin  | Tillal debis        |               |                   |
|                               |   |  |  |               |                |                     |               |                   |
| 1 U I                         | Jpstart Fina<br>Ionpriority Cred                              |  | Last 4 digits of account number  | 9930          | )              |                     |               | \$16,396.00       |
|                               | Attn: Bankr   |  |  | Oper          | ned 10/20      | Last Active         |               |                   |
| F                             | Po Box 150  | 3  | When was the debt incurred?  | 03/22         |                |                     |               |                   |
|                               | San Carlos,   | CA 94070<br>City State Zip Code  | As of the data you file the plains   | . OlI         |                | L.                  |               |                   |
|                               |   | the debt? Check one.   | As of the date you file, the claim i   |               |                |                     |               |                   |
| _                             | Debtor 1 only   |  | ☐ Contingent   |               |                |                     |               |                   |
|                               | Debtor 2 only   | •  | ☐ Unliquidated   |               |                |                     |               |                   |
| _                             | _   | Debtor 2 only  | ☐ Disputed   |               |                |                     |               |                   |
| _                             | _   | of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:      |                |                     |               |                   |
| _                             | _   | s claim is for a community   | ☐ Student loans  |               |                |                     |               |                   |
| d                             | ebt   | bject to offset?   | ☐ Obligations arising out of a separeport as priority claims   | ration ag     | greement or o  | divorce that you di | id not        |                   |
|                               | No  |  | Debts to pension or profit-sharin  | g plans,      | and other sir  | milar debts         |               |                   |
|                               | ☐ Yes   |  | ■ Other. Specify Unsecured   |               |                |                     |               |                   |
| Part 3:                       | List Others   | s to Be Notified About a Debt 1  | That You Already Listed  |               |                |                     |               |                   |
| 5. Use this is trying have mo | page only if y<br>to collect fro<br>ore than one c            | ou have others to be notified about myou for a debt you owe to some  | ut your bankruptcy, for a debt that y<br>one else, list the original creditor in<br>ou listed in Parts 1 or 2, list the addi | Parts 1       | or 2, then li  | ist the collection  | agency here.  | Similarly, if you |
| Part 4:                       | Add the Ar  | mounts for Each Type of Unse   | cured Claim  |               |                |                     |               |                   |
|                               | e amounts of<br>unsecured cla                                 |  | . This information is for statistical re   | eporting      | purposes o     | only. 28 U.S.C. §1  | 59. Add the a | mounts for each   |
|                               |   |  |  |               |                | Total Claim         |               |                   |
| T 1                           | 6a.   | Domestic support obligations   |  | 6a.           | \$             |                     | 0.00          |                   |
| Total claims                  |   |  |  |               |                |                     |               |                   |
| from Part                     |   | Taxes and certain other debts yo   | <u> </u>   | 6b.           | \$             |                     | 0.00          |                   |
|                               | 6c.<br>6d.  | Claims for death or personal inju Other. Add all other priority unsecu   | iry while you were intoxicated<br>ired claims. Write that amount here.   | 6c.<br>6d.    | \$<br>\$       |                     | 0.00          |                   |
|                               | ou.   | The straight of the straight o | nod slamo. Who that amount hore.   | ou.           | Ψ              |                     | 0.00          |                   |
|                               | 6e.   | Total Priority. Add lines 6a throug  | h 6d.  | 6e.           | \$             |                     | 0.00          |                   |
|                               |   |  |  |               |                | Total Claim         |               |                   |
| Total                         | 6f.   | Student loans  |  | 6f.           | \$             |                     | 0.00          |                   |
| claims<br>from Part           | <b>2</b> 6g.  | Obligations arising out of a sepa  | ration agreement or divorce that   | 6g.           | \$             |                     | 0.00          |                   |

Official Form 106 E/F

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Case number (if known) Debtor 1 Toni Carol Fant

you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

| 6h. | \$<br>0.00      |
|-----|-----------------|
| 6i. | \$<br>93,961.00 |

93,961.00

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| Fill in this infor                      |                 |                   |            |                           |  |
|---|-----------------|-------------------|------------|---------------------------|--|
| Debtor 1                                | Toni Carol Fant |                   |            |                           |  |
|   | First Name      | Middle Name       | Last Name  |                           |  |
| Debtor 2                                |                 |                   |            |                           |  |
| (Spouse if, filing)                     | First Name      | Middle Name       | Last Name  |                           |  |
| United States Bankruptcy Court for the: |                 | NORTHERN DISTRICT | OF GEORGIA |                           |  |
| Case number                             |                 |                   |            |                           |  |
| (if known)                              |                 |                   |            | ☐ Check if thi amended fi |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.2 |           |             |                       |                   | _                                       |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
| 2.3 |           |             |                       |                   |   |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.4 | -         |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.5 | -         |             |                       |                   |   |
| 0   | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | <del>_</del>                            |
|     | Jity      |             | Ciaio                 |                   |   |

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|                              |  | Docume  | nı Page 34 0  | 1 55   |  |
|------------------------------|--|---|---|--|--|
| Fill in this                 | information to identify your   | case:   |   |  |  |
| Debtor 1                     | Toni Carol Fant  |   |   |  |  |
| Debioi i                     | First Name   | Middle Name                                       | Last Name   |  |  |
| Debtor 2                     |  |   |   |  |  |
| (Spouse if, filin            | ng) First Name   | Middle Name                                       | Last Name   |  |  |
| United Sta                   | ites Bankruptcy Court for the:   | NORTHERN DISTRICT                                 | OF GEORGIA  |  |  |
|                              |  |   |   | _  |  |
| Case numl                    | ber  |   |   |  | Chapte if this is an   |
| (ii kilowii)                 |  |   |   |  | ☐ Check if this is an amended filing   |
|                              |  |   |   |  | amonada ming   |
| Officia                      | I Form 106H  |   |   |  |  |
|                              | lule H: Your Cod   | ehtors  |   |  | 12/15  |
| ocned                        | idie II. Todi Cod  | CDIOIS  |   |  | 12/13  |
| people are<br>fill it out, a | are people or entities who a<br>filing together, both are equ<br>and number the entries in the<br>and case number (if known) | ally responsible for supposes on the left. Attack | olying correct informat<br>in the Additional Page t | ion. If more space is neede                        | d, copy the Additional Page,   |
| 1. Do                        | you have any codebtors? (If  | you are filing a joint case,                      | do not list either spouse                           | as a codebtor.                                     |  |
| ■ No<br>□ Yes                | 8  |   |   |  |  |
| Arizon  No.                  | hin the last 8 years, have you ha, California, Idaho, Louisiana Go to line 3.  S. Did your spouse, former spo                | , Nevada, New Mexico, Pu                          | erto Rico, Texas, Wash                              |  | es and territories include   |
| in line<br>Form              | 2 again as a codebtor only   | f that person is a guaran                         | tor or cosigner. Make                               | sure you have listed the cre                       | n you. List the person shown<br>ditor on Schedule D (Official<br>dule E/F, or Schedule G to fill |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | P Code  |   | Column 2: The creditor<br>Check all schedules that | to whom you owe the debt apply:  |
| 2.4                          |  |   |   | O Cabadula D lina                                  |  |
| 3.1                          | Name   |   |   | Schedule D, line                                   |  |
|                              |  |   |   | ☐ Schedule E/F, line☐ Schedule G, line☐            |  |
| =                            |  |   |   |  |  |
|                              | Number Street<br>City  | State   | ZIP Code  |  |  |
|                              | City   | State   | ZIF Code  |  |  |
| 3.2                          |  |   |   | Cohodula D. lina                                   |  |
|                              | Name   |   |   | _ □ Schedule D, line _<br>□ Schedule E/F, line     |  |
|                              |  |   |   | ☐ Schedule G, line                                 |  |
| _                            |  |   |   |  |  |
|                              | Number Street<br>City  | State   | ZIP Code  |  |  |
|                              | ,  |   | 0000  |  |  |

Schedule H: Your Codebtors

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| Eill               | in this information to identify your a   |                            |  |                        |                | ı                                |                              |                                    |                 |  |
|--------------------|--|----------------------------|--|------------------------|----------------|----------------------------------|------------------------------|------------------------------------|-----------------|--|
|                    | in this information to identify your cotor 1  Toni Carol F   |                            |  |                        |                |                                  |                              |                                    |                 |  |
|                    | otor 2   |                            |  |                        | _              |                                  |                              |                                    |                 |  |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC         | CT OF GEORGIA                              |                        |                |                                  |                              |                                    |                 |  |
| (If kr             | fficial Form 106l  |                            | -  |                        |                | 13 inco                          | nded filing<br>ement showi   | ng postpetition<br>following date: |                 |  |
| _                  | chedule I: Your Inc  | ome                        |  |                        |                | MIMI / D                         | J/ YYYY                      |                                    | 12/15           |  |
| sup<br>spo<br>atta | as complete and accurate as posi-<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  Describe Employment | are married and not fili   | ng jointly, and your ith you, do not inclu | spouse i<br>ide infori | is liv<br>mati | ing with you, i<br>on about your | nclude infor<br>spouse. If m | mation about<br>nore space is      | your<br>needed, |  |
| 1.                 | Fill in your employment information.   |                            | Debtor 1                                   |                        |                | Debt                             | or 2 or non-                 | filing spouse                      |                 |  |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status          | ☐ Employed ■ Not employed                  |                        |                |                                  | ☐ Employed ☐ Not employed    |                                    |                 |  |
|                    | employers.   | Occupation                 | Retired                                    |                        |                |                                  |                              |                                    |                 |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name            |  |                        |                |                                  |                              |                                    |                 |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address         |  |                        |                |                                  |                              |                                    |                 |  |
|                    |  | How long employed t        | here?                                      |                        |                |                                  |                              |                                    |                 |  |
| Par                | Give Details About Mo  | nthly Income               |  |                        |                |                                  |                              |                                    |                 |  |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If | you have nothing to r                      | report for             | any            | line, write \$0 in               | the space. Ir                | nclude your no                     | n-filing        |  |
| ,                  | u or your non-filing spouse have mees space, attach a separate sheet to  |                            | ombine the information                     | on for all e           | emplo          | oyers for that p                 | erson on the                 | lines below. If                    | you need        |  |
|                    |  |                            |  |                        |                | For Debtor 1                     |                              | ebtor 2 or<br>ling spouse          |                 |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                            |  | 2.                     | \$             | 0.0                              | <b>00</b> \$                 | N/A                                |                 |  |
| 3.                 | Estimate and list monthly overt  | ime pay.                   |  | 3.                     | +\$            | 0.0                              | <u> </u>                     | N/A                                |                 |  |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.             |  | 4.                     | \$             | 0.00                             | \$                           | N/A                                |                 |  |

Official Form 106l Schedule I: Your Income page 1

| Debto | ' ' -         | Toni Carol Fant   | -          | Ca    | ise number (if k | nown)        |         |            |                |                  |
|-------|---------------|---|------------|-------|------------------|--------------|---------|------------|----------------|------------------|
|       |               |   |            | F     | For Debtor 1     |              |         | Debtor     |                |                  |
|       | Сору          | y line 4 here   | 4.         | \$    | 5 (              | 0.00         | \$      | n-filing s | N/A            |                  |
|       |               |   |            |       |                  |              | _       |            |                | _                |
|       |               | all payroll deductions:   | _          | _     |                  |              |         |            |                |                  |
|       | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        |       |                  | 0.00         | · \$_   |            | N/A            | _                |
|       | 5b.           | Mandatory contributions for retirement plans  | 5b.        |       |                  | 0.00         | . \$_   |            | N/A            | _                |
|       | 5c.<br>5d.    | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 5c.<br>5d. |       |                  | 0.00<br>0.00 |         |            | N/A<br>N/A     | _                |
|       | 5a.<br>5e.    | Insurance   | 5e.        |       |                  | 0.00         | · \$_   |            | N/A            | _                |
|       | 5f.           | Domestic support obligations  | 5f.        | · \$  |                  | 0.00         | ·       |            | N/A            | _                |
|       | 5g.           | Union dues  | 5g.        |       |                  | 0.00         | \$      |            | N/A            | _                |
|       | 5h.           | Other deductions. Specify:  | 5h.        |       | 5                | 0.00         | + \$    |            | N/A            | <u> </u>         |
| 6.    | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$    |                  | 0.00         | \$_     |            | N/A            | <u></u>          |
| 7.    | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$    |                  | 0.00         | \$      |            | N/A            |                  |
|       | List a        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |            |       |                  |              |         |            |                | _                |
|       |               | monthly net income.   | 8a.        | . \$  |                  | 0.00         | \$      |            | N/A            |                  |
|       | 8b.           | Interest and dividends  | 8b.        |       |                  | 0.00         | ·       |            | N/A            | _                |
| ;     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive   |            |       |                  |              | · · · — |            |                | _                |
|       |               | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$    | 6 (              | 0.00         | \$      |            | N/A            |                  |
|       | 8d.           | Unemployment compensation   | 8d.        |       |                  | 0.00         | ·       |            | N/A            | _                |
| ;     | 8e.           | Social Security   | 8e.        | . \$  |                  |              | \$      |            | N/A            | _                |
|       | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.        | \$    |                  | 0.00         | \$_     |            | N/A            | _                |
|       | 8g.           | Pension or retirement income  | 8g.        |       |                  |              | . \$_   |            | N/A            | _                |
| •     | 8h.           | Other monthly income. Specify: Contribution from mother   | _ 8h.      | .+ \$ | 800              | 0.00         | + \$_   |            | N/A            | _                |
| 9.    | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$_   | 3,80             | 1.00         | \$_     |            | N/             | A                |
| 10.   | Calc          | culate monthly income. Add line 7 + line 9.   | 10.        | \$    | 3,801.00         | + \$         |         | N/A        | = \$           | 3,801.00         |
|       |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | Ľ          |       | 0,001100         | Ĺ            |         | 1471       |                | 0,001100         |
| <br>  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:   | depe       |       |                  |              | •       |            | e J.<br>+\$    | 0.00             |
| ,     |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain  |            |       |                  |              |         | e.<br>12.  | \$             | 3,801.00         |
| 13.   | Do y          | you expect an increase or decrease within the year after you file this form   | ?          |       |                  |              |         |            | Combi<br>month | ned<br>ly income |
|       |               | No.<br>Yes Explain  |            |       |                  |              |         |            |                |                  |

Official Form 106l Schedule I: Your Income page 2

| Fill  | in this information to identify your case:  |   |                 |  |   |
|-------|---|---|-----------------|--|---|
| Deb   | otor 1 Toni Carol Fant  |   | Chec            | k if this is:                          |   |
|       |   |   |                 | An amended filing                      |   |
|       | ouse, if filing)  |   |                 | A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Linia | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF GEO   | OPCIA                                   | -               | MM / DD / YYYY                         |   |
| Unit  | ted States Bankruptcy Court for the. NORTHERN DISTRICT OF GET   | <u> </u>                                |                 | IVIIVI / DD / TTTT                     |   |
|       | e number<br>nown)   |   |                 |  |   |
|       | fficial Form 106J   |   |                 |  |   |
|       | chedule J: Your Expenses  |   |                 |  | 12/15   |
| info  | as complete and accurate as possible. If two married people a<br>prmation. If more space is needed, attach another sheet to this<br>mber (if known). Answer every question. |   |                 |  |   |
| Par   | t 1: Describe Your Household Is this a joint case?  |   |                 |  |   |
| ١.    | No. Go to line 2.   |   |                 |  |   |
|       | ☐ Yes. Does Debtor 2 live in a separate household?  |   |                 |  |   |
|       | □ No  |   |                 |  |   |
|       | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense   | es for Separate House                   | hold of Debt    | tor 2.                                 |   |
| 2.    | Do you have dependents? ■ No  |   |                 |  |   |
|       | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age                        | Does dependent live with you?                 |
|       | Do not state the  |   |                 |  | □ No  |
|       | dependents names.   |   |                 |  | ☐ Yes   |
|       |   |   |                 |  | □ No<br>□ Yes                                 |
|       |   |   |                 |  | □ No  |
|       |   |   |                 |  | ☐ Yes   |
|       |   |   |                 |  | □ No  |
| _     |   |   |                 |  | ☐ Yes   |
| 3.    | Do your expenses include expenses of people other than  |   |                 |  |   |
|       | yourself and your dependents?   |   |                 |  |   |
| Par   | t 2: Estimate Your Ongoing Monthly Expenses   |   |                 |  |   |
| exp   | timate your expenses as of your bankruptcy filing date unless<br>benses as of a date after the bankruptcy is filed. If this is a sup<br>plicable date.                      |   |                 |  |   |
| the   | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i>  | e if you know<br>Your Income            |                 | Your exp                               | enses   |
| (01   | ficial Form 106I.)  |   |                 | · ca. cap                              |   |
| 4.    | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.   | Include first mortgage                  | 4. \$           |  | 1,900.00                                      |
|       | If not included in line 4:  |   |                 |  |   |
|       | 4a. Real estate taxes   |   | 4a. \$          |  | 0.00  |
|       | 4b. Property, homeowner's, or renter's insurance  |   | 4b. \$          |  | 0.00  |
|       | 4c. Home maintenance, repair, and upkeep expenses   |   | 4c. \$          |  | 0.00  |
| 5.    | <ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as h</li> </ul>                                     | nome equity loans                       | 4d. \$<br>5. \$ |  | 0.00<br>0.00                                  |
| J.    | realist in orange purposition for your realistines, auch as t   | ionno oquity idalio                     | υ. ψ            |  | 0.00  |

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| Debtor         | 1 Toni Car         | ol Fant  | Case numb                      | er (if known)         |                          |
|----------------|--------------------|--|--------------------------------|-----------------------|--------------------------|
| 6. <b>Ut</b>   | tilities:          |  |                                |                       |                          |
| 6a             | a. Electricity     | , heat, natural gas  | 6a.                            | \$                    | 150.00                   |
| 6b             | o. Water, sev      | wer, garbage collection  | 6b.                            | \$                    | 30.00                    |
| 6c             |                    | e, cell phone, Internet, satellite, and cable services   | 6c.                            | \$                    | 120.00                   |
| 6d             | d. Other. Spe      | ecify:   | 6d. :                          | \$                    | 0.00                     |
| . Fo           |                    | ekeeping supplies  |                                | \$                    | 411.00                   |
|                |                    | children's education costs   |                                | \$                    | 0.00                     |
|                |                    | ry, and dry cleaning   |                                | \$                    | 25.00                    |
|                | •                  | products and services  |                                | \$                    | 25.00                    |
|                |                    | ntal expenses  |                                | \$                    | 50.00                    |
|                |                    | Include gas, maintenance, bus or train fare.   |                                | ·                     |                          |
|                | o not include c    |  | 12.                            | \$                    | 150.00                   |
| 3. <b>E</b> r  | ntertainment,      | clubs, recreation, newspapers, magazines, and bo   | ooks 13.                       | \$                    | 0.00                     |
| 4. Ch          | haritable cont     | ributions and religious donations  | 14.                            | \$                    | 0.00                     |
| j. <b>In</b> s | surance.           | -  |                                |                       |                          |
| Do             | o not include ir   | nsurance deducted from your pay or included in lines   | 1 or 20.                       |                       |                          |
| 15             | 5a. Life insura    | ance   | 15a.                           | •                     | 0.00                     |
| 15             | 5b. Health ins     | urance   | 15b.                           | \$                    | 0.00                     |
| 15             | 5c. Vehicle in     | surance  | 15c.                           | \$                    | 150.00                   |
| 15             | 5d. Other insu     | rance. Specify:  | 15d.                           | \$                    | 0.00                     |
| 6. <b>Ta</b>   | axes. Do not in    | nclude taxes deducted from your pay or included in line  | es 4 or 20.                    |                       |                          |
|                | pecify:            |  | 16.                            | \$                    | 0.00                     |
|                |                    | ease payments:   |                                |                       |                          |
|                |                    | ents for Vehicle 1   | 17a.                           | ·                     | 790.00                   |
|                |                    | ents for Vehicle 2   | 17b.                           | ·                     | 0.00                     |
|                | c. Other. Sp       | -  |                                | \$                    | 0.00                     |
|                | d. Other. Spe      | · · ·  | 17d.                           | \$                    | 0.00                     |
|                |                    | of alimony, maintenance, and support that you di   |                                | Φ.                    | 0.00                     |
|                |                    | your pay on line 5, Schedule I, Your Income (Offic   | a                              | \$                    |                          |
|                |                    | s you make to support others who do not live with  | •                              | \$                    | 0.00                     |
|                | pecify:            | anto anno antico de desta de la ligação de antico de la fina dela fina de la fina della  | 19.                            |                       |                          |
|                |                    | erty expenses not included in lines 4 or 5 of this for   |                                |                       | 0.00                     |
|                |                    | s on other property  | 20a.                           | ·                     | 0.00                     |
|                | b. Real estat      |  | 20b.                           | ·                     | 0.00                     |
|                |                    | homeowner's, or renter's insurance   | 20c.                           |                       | 0.00                     |
|                |                    | nce, repair, and upkeep expenses   | 20d.                           | ·                     | 0.00                     |
|                |                    | er's association or condominium dues   | 20e.                           | ·                     | 0.00                     |
| l. Ot          | ther: Specify:     |  | 21                             | +\$                   | 0.00                     |
| . Ca           | alculate vour      | monthly expenses   |                                |                       |                          |
|                | 2a. Add lines 4    |  |                                | \$                    | 3,801.00                 |
|                |                    | 2 (monthly expenses for Debtor 2), if any, from Officia  | l Form 106J-2                  | \$                    |                          |
|                |                    | a and 22b. The result is your monthly expenses.  |                                | \$                    | 3,801.00                 |
|                | co. Add lifte 22   | a and 22b. The result is your monthly expenses.  |                                | Ψ                     | 3,001.00                 |
| 3. <b>C</b> a  | alculate your      | monthly net income.  |                                |                       |                          |
| 23             | Ba. Copy line      | 12 (your combined monthly income) from Schedule I.   | 23a.                           | \$                    | 3,801.00                 |
| 23             | Bb. Copy your      | monthly expenses from line 22c above.  | 23b.                           | -\$                   | 3,801.00                 |
| 00             | المحسدان م         | nous monthly over one of from the state of t |                                |                       |                          |
| 23             |                    | our monthly expenses from your monthly income. is your <i>monthly net income</i> .   | 23c.                           | \$                    | 0.00                     |
|                |                    | an increase or decrease in your expenses within t  |                                |                       |                          |
| mo             | odification to the | ou expect to finish paying for your car loan within the year or of terms of your mortgage?   | lo you expect your mortgage pa | ayment to increase of | or decrease because of a |
|                | No.                |  |                                |                       |                          |
|                | l Yes.             | Explain here:  |                                |                       |                          |

## 

| Fill in this inform   | nation to identify your case:   |   |   |  |   |         |
|---|---|---|---|--|---|---------|
| Debtor 1  | Toni Carol Fant   |   |   |  |   |         |
| Debtor 2  | First Name  | Middle Name   | Last Name   |  |   |         |
| (Spouse if, filing)   | First Name  | Middle Name   | Last Name   |  |   |         |
| United States Bar   | nkruptcy Court for the: NO  | RTHERN DISTI  | RICT OF GEORGIA   |  |   |         |
| Case number   |   |   |   |  | ☐ Check if this is an amended filing  |         |
| Official Fo   | rm 108  |   |   |  |   |         |
|   | nt of Intention f   | or Indiv  | duals Filing  | Under Chapte                                       | er 7  | 5       |
| ■ creditors have ■ you have leas: You must file this whiche on the f  If two married pe sign an  Be as complete a write you | ver is earlier, unless the cou<br>form<br>ople are filing together in a<br>d date the form. | operty, or<br>ne lease has no<br>30 days after y<br>urt extends the<br>joint case, both<br>more space is<br>(if known). | t expired.<br>ou file your bankruptcy<br>time for cause. You mu<br>n are equally responsibl                           | st also send copies to the                         | et for the meeting of creditors,<br>e creditors and lessors you lis<br>nformation. Both debtors mus<br>the top of any additional page | st<br>t |
| information be  | •   |   |   | aims Secured by Property do with the property that | (Official Form 106D), fill in th  |         |
| identity the ore  | and the property that is  | Conditional   | secures a debt?   | do with the property that                          | as exempt on Schedule   |         |
| Creditor's M<br>name:<br>Description of<br>property<br>securing debt:   | Westwood Boulevard S  | 6649<br>Suite 500<br>Inge<br>rriort<br>pased on   | ■ Surrender the property a □ Retain the property a Retain the property a Reaffirmation Agree. □ Retain the property a | and redeem it. Ind enter into a Indenter into a    | □ No ■ Yes  |         |
| Creditor's M name:  Description of property securing debt:  | ercedes-Benz Fin. Svcs.<br>2014 Mercedes E550 92<br>miles                                   |   | □ Surrender the property a ■ Retain the property a Reaffirmation Agree □ Retain the property a                        | and redeem it. Ind enter into a Indent.            | □ No ■ Yes  |         |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill

# 

Case number (if known)

| Describe your unexpired personal property leases      | Will the lease be assumed?  |
|---|---|
| Lessor's name:  | □ No  |
| Description of leased                                 | _   |
| Property:   | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased                                 | _   |
| Property:   | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased                                 |   |
| Property:   | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased Property:                       | П у   |
| r roporty.  | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased<br>Property:                    | □ v   |
| r roporty.  | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased Property:                       | Пи  |
| Troperty.   | ☐ Yes   |
| Lessor's name:  | □ No  |
| Description of leased Property:                       | Пу  |
| Tropony.  | ☐ Yes   |
| Part 3: Sign Below                                    |   |
| Inder penalty of periury I declare that I have indica | ted my intention about any property of my estate that secures a debt and any personal |
| property that is subject to an unexpired lease.       | ied my intention about any property of my estate that secures a dest and any personal |
| X /s/ Toni Carol Fant                                 | X   |
| Toni Carol Fant                                       | Signature of Debtor 2   |
| Signature of Debtor 1                                 |   |
| Date <b>May 19, 2022</b>                              | Date  |
| PART INION 13. LULL                                   | Date  |

Debtor 1 Toni Carol Fant

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| Fill in this information to identify your case: |                 |                   |            |  |                                      |
|---|-----------------|-------------------|------------|--|--------------------------------------|
| Debtor 1  | Toni Carol Fant |                   |            |  |                                      |
|   | First Name      | Middle Name       | Last Name  |  |                                      |
| Debtor 2  |                 |                   |            |  |                                      |
| (Spouse if, filing)                             | First Name      | Middle Name       | Last Name  |  |                                      |
| United States Bankruptcy Court for the:         |                 | NORTHERN DISTRICT | OF GEORGIA |  |                                      |
| Case number (if known)                          |                 |                   |            |  | ☐ Check if this is an amended filing |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own         |
|-----|--|-------------|----------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 5,000.00                         |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | ·                                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  |             | ·                                |
|     |  | \$          | 20,620.0                         |
| 'a  | rt 2: Summarize Your Liabilities   |             |                                  |
|     |  |             | i <b>abilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 28,846.00                        |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                             |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 93,961.00                        |
|     | Your total liabilities   | \$          | 122,807.00                       |
| Pa≀ | rt 3: Summarize Your Income and Expenses   |             |                                  |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,801.00                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,801.00                         |
| Pa: | rt 4: Answer These Questions for Administrative and Statistical Records  |             |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                         |
|     |  |             |                                  |
|     | ■ Yes What kind of debt do you have?   |             |                                  |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Debtor 1 Toni Carol Fant Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,897.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | <b>Total claim</b> |      |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following:   |                    |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$                 | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$                 | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$                 | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$                 | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$                 | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$                | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$                 | 0.00 |

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| =:::::::::::::::::::::::::::::::::::::: |  |                           |                             |                             |  |
|---|--|---------------------------|-----------------------------|-----------------------------|--|
| Fill in this infor                      | mation to identify your                            | case:                     |                             |                             |  |
| Debtor 1                                | Toni Carol Fant                                    | Middle Name               | Last Name                   |                             |  |
| Debtor 2                                | First Name   | Middle Name               | Last Name                   |                             |  |
| (Spouse if, filing)                     | First Name   | Middle Name               | Last Name                   |                             |  |
| United States Ba                        | ankruptcy Court for the:                           | NORTHERN DISTRICT         | OF GEORGIA                  |                             |  |
| Case number                             |  |                           |                             |                             |  |
| (if known)                              |  |                           |                             |                             | Check if this is an amended filing                       |
| Official Forr                           | m 106Dec   |                           |                             |                             |  |
| Declarat                                | tion About a                                       | n Individual              | <b>Debtor's Sc</b>          | hedules                     | 12/15  |
| Sig                                     | n Below  |                           |                             |                             |  |
| Did you pa                              | ay or agree to pay some                            | one who is NOT an attorr  | ney to help you fill out ba | ankruptcy forms?            |  |
| ■ No                                    |  |                           |                             |                             |  |
| ☐ Yes. I                                | Name of person                                     |                           |                             |                             | etition Preparer's Notice,<br>nature (Official Form 119) |
|   | alty of perjury, I declare<br>re true and correct. | that I have read the sumr | nary and schedules filed    | l with this declaration and |  |
| X /s/ Ton                               | ni Carol Fant                                      |                           | X                           |                             |  |
|   | Carol Fant<br>ire of Debtor 1                      |                           | Signature of I              | Debtor 2                    |  |
| Date _I                                 | May 19, 2022                                       |                           | Date                        |                             |  |

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B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Georgia

| In re  | re Toni Carol Fant  | Case No.          |                                    |
|--------|---|-------------------|------------------------------------|
|        | Debtor(s)   | Chapter           | 7                                  |
|        | DISCLOSURE OF COMPENSATION OF ATTORN  |                   | • •                                |
| С      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney compensation paid to me within one year before the filing of the petition in bankruptcy, or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.  | agreed to be paid | to me, for services rendered or to |
|        | For legal services, I have agreed to accept   | \$                | 1,000.00                           |
|        | Prior to the filing of this statement I have received   | \$                | 1,000.00                           |
|        | Balance Due   | \$                | 0.00                               |
| 2. \$  | \$_338.00 of the filing fee has been paid.  |                   |                                    |
| 3. Т   | The source of the compensation paid to me was:  |                   |                                    |
|        | ☐ Debtor ☐ Other (specify): <b>Debtor's mother</b>  |                   |                                    |
| 4. Т   | The source of compensation to be paid to me is:   |                   |                                    |
|        | ■ Debtor □ Other (specify):   |                   |                                    |
| 5. I   | ■ I have not agreed to share the above-disclosed compensation with any other person unle  | ess they are mem  | bers and associates of my law firm |
| I      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the continuous co |                   |                                    |
| 6. I   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of   | the bankruptcy c  | ase, including:                    |
| b<br>c | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determ</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which ma</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and a</li> <li>d. [Other provisions as needed]</li> </ul>   | y be required;    |                                    |
|        | Negotiations with secured creditors to reduce to market value; exemply reaffirmation agreements as needed; preparation and filing of motion avoidance of judicial liens and liens on household goods.   |                   |                                    |
|        | Debtor(s) agree(s) that he/she may be represented at the Meeting of C cases) or Winn Keithly (Atlanta Division cases).  | Creditors by Cli  | nt Rice (Gainesville Division      |
| 7. E   | By agreement with the debtor(s), the above-disclosed fee does not include the following set Objections to Dischargeability - \$300/hour Adversary Proceedings - \$300/hour Defense of any other actions requiring litigation or settlement - \$300/hour   |                   |                                    |

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| In re | Toni Carol Fant   | Case No.   |
|-------|---|--|
|       |   | Debtor(s)  |
|       | DISCLOSURE OF O   | COMPENSATION OF ATTORNEY FOR DEBTOR(S) (Continuation Sheet)                                    |
|       |   | CERTIFICATION  |
|       | certify that the foregoing is a complete state nkruptcy proceeding. | ement of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| Ma    | ıy 19, 2022   | /s/ Douglas Jacobson   |
| Dat   | te  | Douglas Jacobson 223344  |
|       |   | Signature of Attorney  |
|       |   | Law Offices of Douglas Jacobson, LLC   |
|       |   | 11539 Park Woods Circle  |
|       |   | Suite 304  |
|       |   | Alpharetta, GA 30005   |
|       |   | 678-341-9114 Fax: 888-990-1740   |
|       |   | douglas@douglasjacobsonlaw.com   |
|       |   | Name of law firm   |

Debtor

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## **United States Bankruptcy Court Northern District of Georgia**

|        |                               | Northern District of Georgia                             |                  |                       |
|--------|-------------------------------|--|------------------|-----------------------|
| In re  | Toni Carol Fant               |  | Case No.         |                       |
|        |                               | Debtor(s)  | Chapter          | 7                     |
|        | ***                           |  |                  |                       |
|        | VE                            | CRIFICATION OF CREDITOR M                                | ATRIX            |                       |
| ne abo | ove-named Debtor hereby verif | ies that the attached list of creditors is true and corr | rect to the best | of his/her knowledge. |
| Date:  | May 19, 2022                  | /s/ Toni Carol Fant                                      |                  |                       |
|        |                               | Toni Carol Fant  |                  |                       |

Signature of Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte   | r 7:  | Liquidation        |
|----------|-------|--------------------|
|          | \$245 | filing fee         |
|          | \$78  | administrative fee |
| <u>+</u> | \$15  | trustee surcharge  |
|          | \$338 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this info   | ormation to identify your case:  |   | Ch                                  | eck one box                    | only as c                  | lirected in this form and   | in Form                           |
|---|--|---|-------------------------------------|--------------------------------|----------------------------|---|-----------------------------------|
| Debtor 1  | Toni Carol Fant  |   |                                     | 2A-1Supp:                      |                            |   |                                   |
| Debtor 2<br>(Spouse, if filing)   |  |   |                                     | ■ 1. There                     | is no pres                 | umption of abuse  |                                   |
|   | Bankruptcy Court for the: Northern District of   | of Georgia  |                                     | applie                         | s will be r                | to determine if a presul<br>made under <i>Chapter 7</i><br>ricial Form 122A-2). |                                   |
| Case number   | ·  |   |                                     | _                              | `                          | does not apply now be   | ecause of                         |
|   |  |   |                                     |                                |                            | y service but it could ap   |                                   |
| o   | - 4004   |   |                                     | ☐ Check i                      | f this is a                | n amended filing  |                                   |
|   | Form 122A - 1  |   |                                     |                                |                            |   |                                   |
| Chapte  | r 7 Statement of Your Cui  | rrent Mor   | nthly Inc                           | ome                            |                            |   | 12/19                             |
| attach a separa<br>case number (i<br>qualifying milit   | e and accurate as possible. If two married people at the sheet to this form. Include the line number to verify the sheet to this form. Include the line number to verify the sheet to the s | which the addition<br>on a presumption<br>otion from Presum | nal information a<br>of abuse becau | applies. On the                | ne top of a<br>ot have pri | ny additional pages, wri<br>marily consumer debts o                             | te your name and<br>or because of |
| _   | your marital and filing status? Check one or<br>married. Fill out Column A, lines 2-11.  | nıy.  |                                     |                                |                            |   |                                   |
|   | named. Fill out Column A, lines 2-11.  ied and your spouse is filing with you. Fill o  | ut both Columna   | A and B lines                       | 2 11                           |                            |   |                                   |
|   | ied and your spouse is NOT filing with you.  |   | ·-                                  | 2-11.                          |                            |   |                                   |
| _   | ving in the same household and are not lega  | •   | •                                   | lumns A and                    | B lines                    | 2-11  |                                   |
| □ Liv   | ving separately or are legally separated. Fill enalty of perjury that you and your spouse are lying apart for reasons that do not include evadi  | out Column A, lir   | nes 2-11; do no<br>d under nonbar   | ot fill out Colu               | umn B. By<br>that appli    | checking this box, you  |                                   |
| 101(10A). Fe<br>the 6 months  | verage monthly income that you received from all<br>or example, if you are filing on September 15, the 6-n<br>s, add the income for all 6 months and divide the tota<br>in the same rental property, put the income from that p  | nonth period would<br>I by 6. Fill in the res               | be March 1 throsult. Do not include | ugh August 31<br>de any income | I. If the ame<br>amount m  | ount of your monthly incon<br>ore than once. For examp                          | ne varied during<br>ble, if both  |
| ·   |  |   |                                     | Column A Debtor 1              | ·                          | Column B Debtor 2 or non-filing spouse  |                                   |
| <ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all<br/>payroll deductions).</li></ol> |  |   | ons (before all                     | \$                             | 0.00                       | \$  |                                   |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ 0.00              |  |   |                                     |                                | 0.00                       | \$  |                                   |
| of you of<br>from an<br>and room  | unts from any source which are regularly property your dependents, including child support unmarried partner, members of your house as mates. Include regular contributions from a special contribution of the second secon | . Include regular<br>d, your depender                       | contributions nts, parents,         | <u> </u>                       | 0.00                       | \$  |                                   |
|   | Do not include payments you listed on line 3.<br>ome from operating a business, profession,  | or farm   |                                     | Ψ                              |                            | Ψ   |                                   |
|   | ,  |   | otor 1                              |                                |                            |   |                                   |
| Gross re  | eceipts (before all deductions)  | \$  |                                     |                                |                            |   |                                   |
| •   | and necessary operating expenses   | -\$ 0.00  | 0                                   | •                              | 0.00                       | •   |                                   |
|   | othly income from a business, profession, or far   | m \$  | Copy here ->                        | \$                             | 0.00                       | \$  |                                   |
| 6. Net inco   | ome from rental and other real property  | Deb   | otor 1                              |                                |                            |   |                                   |
| Gross re  | eceipts (before all deductions)  | \$ 0.00   |                                     |                                |                            |   |                                   |
|   | and necessary operating expenses   | -\$ 0.00  |                                     |                                |                            |   |                                   |
| •   | othly income from rental or other real property  | \$ 0.00   | Copy here ->                        | \$                             | 0.00                       | \$  |                                   |
| 7. Interest   | , dividends, and royalties   |   |                                     | \$                             | 0.00                       | \$  |                                   |

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|  |   |  | cument Page  | 52 (                           | ככ ונ          |               |         |               |             |             |
|--|---|--|--|--------------------------------|----------------|---------------|---------|---------------|-------------|-------------|
| Debto  | or 1  | Toni Carol Fant  |  |                                | Case           | number (if kn | own)    |               |             |             |
|  |   |  |  |                                | Colun<br>Debto |               |         | Column Debtor |             | e           |
| 8.   | Une   | employment compensation  |  |                                | \$             | 0.            | 00      | \$            |             |             |
|  | the   | not enter the amount if you contend that the amour<br>Social Security Act. Instead, list it here:  |  | under                          |                |               |         |               |             |             |
|  | F<br>-  | or you Sor your spouse S   | 0.0  | 0_                             |                |               |         |               |             |             |
|  |   |  |  |                                |                |               |         |               |             |             |
|  | beninot i<br>Unit<br>disa<br>pay<br>does<br>if re | efit under the Social Security Act. Also, except as a circlude any compensation, pension, pay, annuity, and States Government in connection with a disability, or death of a member of the uniformed service paid under chapter 61 of title 10, then include that is not exceed the amount of retired pay to which you tired under any provision of title 10 other than chapter from all other sources not listed above. Sports from all other sources not listed above.   | stated in the next sentence allowance paid by the ity, combat-related injury ces. If you received any pay only to the extent the would otherwise be enoter 61 of that title.   | ce, do or retired at it titled | \$             | 1,097.        | 00      | \$            |             | _           |
|  | Do rece<br>dom<br>Unit<br>disa                    | not include any benefits received under the Social served as a victim of a war crime, a crime against hunestic terrorism; or compensation pension, pay, and States Government in connection with a disabilibility, or death of a member of the uniformed services on a separate page and put the total below  SSI \$1904   | Security Act; payments manity, or international country, or allowance paid ity, combat-related injury  | or<br>by the                   | \$             | 0.            | 00      | \$            |             |             |
|  |   | Family Contribution  |  | _                              | \$             | 800.          |         | \$            |             | _           |
| I  |   | Total amounts from separate pages, if any.   |  | _ +                            | \$             |               | 00      | \$            |             | <del></del> |
| 11.  | eacl  | culate your total current monthly income. Add lind to column. Then add the total for Column A to | otal for Column B.   | \$                             | 1,897.         | 00 +          | §       |               |             | 1,897.00    |
| 12.  | Cal   | culate your current monthly income for the year  | r. Follow these steps:   |                                |                |               |         |               |             |             |
|  | 12a   | . Copy your total current monthly income from line   | 11   |                                |                | Copy line     | e 11 ł  | nere=>        | \$_         | 1,897.00    |
|  |   | Multiply by 12 (the number of months in a year)  |  |                                |                |               |         |               |             | 12          |
|  | 12b   | . The result is your annual income for this part of the  | ne form  |                                |                |               |         |               | 12b. \$_    | 22,764.00   |
| 13.  | Cal   | culate the median family income that applies to  | you. Follow these steps  | <b>:</b> :                     |                |               |         |               |             |             |
|  | Fill i  | n the state in which you live.   | GA   |                                |                |               |         |               |             |             |
|  | Fill i  | n the number of people in your household.  | 1  |                                |                |               |         |               |             |             |
|  | To f  | n the median family income for your state and size<br>ind a list of applicable median income amounts, go<br>his form. This list may also be available at the banl  | online using the link spe  | ecified                        | in the s       | eparate in    | struc   |               | 13. \$_     | 55,600.00   |
| 14.  | Hov   | v do the lines compare?  |  |                                |                |               |         |               |             |             |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Do NOT fill out or file Official Form 122A-2. |   |  |  |                                |                |               |         |               |             |             |
|  | 14b   | Go to Part 3 and fill out Form 122A–2.   | of page 1, check box 2,  | The pre                        | esumpti        | ion of abu    | se is   | determine     | d by Forn   | ı 122A-2.   |
| Part   | 3:  | Sign Below   | advanta de la Companya de la Company | di t                           | -1-            |               |         |               | ·- •-       | d           |
|  |   | By signing here, I declare under penalty of perjury  | y that the information on  | this sta                       | atement        | t and in an   | ıy atta | achments      | is true and | d correct.  |
|  |   | X /s/ Toni Carol Fant  |  |                                |                |               |         |               |             |             |
|  |   | Toni Carol Fant  |  |                                |                |               |         |               |             |             |

Official Form 122A-1

Signature of Debtor 1

Date May 19, 2022

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| Debtor 1 | Toni Carol Fant  | Case number (if known) |  |
|----------|--|------------------------|--|
|          | MM/DD/YYYY   |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | ·.                     |  |

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Elan Financial Service

Fifth Third Bank Attn: Bankruptcy Maildrop RCS83E 1830 E Paris Ave SE Grand Rapids, MI 49546

Macys/fdsb Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040

Marriott Vacations Worldwide Attn: Bankruptcy 1200 Bartow Rd. Lakeland, FL 33801

Mercedes-Benz Fin. Svcs. Attn: Bankruptcy Po Box 685 Roanoke, TX 76262 NetCredit Attn: Bankruptcy 175 W. Jackson Blvd, Ste 1000 Chicago, IL 60604

Northside Hospital 1001 Summit Blvd 1st Floor Atlanta, GA 30319

Northside Radiology Associates P.O. Box 102263 Atlanta, GA 30368

Resurgent Capital Services Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

Synchrony Bank/TJX Attn: Bankruptcy Dept Po Box 965064 Orlando, FL 32896

Synchrony/PayPal Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Upstart Finance Attn: Bankruptcy Po Box 1503 San Carlos, CA 94070